

Docket No.: 1341.1162

N THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Atsushi SAKURAI

Serial No. 10/671,595

Group Art Unit: 3623

Confirmation No. 8549

Filed: September 29, 2003

Examiner: Andre D. Boyce

For: METHOD OF PLANNING AND COMPUTER PRODUCT

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

This is in response to the Notice of Non-Compliant Amendment mailed October 24, 2006. The following claim listing and remarks are respectfully resubmitted. In the claim listing section, claims 1,3, and 5 were revised to correct the informalities noted in the Notice of Non-Compliant Amendment. Reconsideration of the Response is respectfully requested.

IFW

S&H Form: (02/05)

\$

0.00

REPLY/AMENDMENT FEE TRANSMITTAL

Attorney Docket No. 1341.1162

Application Number 10/671,595

Filing Date September 29, 2003

First Named Inventor Group Art Unit 3623

Examiner Name Andre D. Boyce

AMOUNT ENCLOSED 0.00 Exami

Claims Remaining

/ widic B. Boyc

Number

Highest Number

| AMENDED | After Amendment | | usly Paid For | Extra | Rate | Ca | Iculations |
|-----------------------|--|-------------|---------------|------------------|----------------|----|------------|
| TOTAL CLAIMS | 7 | - | 20 = | 0 | X \$ 50.00 = | \$ | 0.00 |
| INDEPENDENT CLAIMS | 5 | - | 5 = | 0 | X \$ 200.00 = | | 0.00 |
| extension to co | al Action set an <u>origi</u> ver the date this rep (2 months (\$450));)): | ly is filed | d for which t | ne requisite fee | is enclosed (1 | | |
| If Notice of App | eal is enclosed, add | (\$500.0 | 00) | | | | |
| If Statutory Disc | claimer under Rule 2 | 20(d) is e | enclosed, ad | d fee (\$130.00) | | | |
| Information Dis | closure Statement (| Rule 1.1 | 7(p)) (\$180. | 00) | | | |
| Total of above | Calculations = | | | | | \$ | 0.00 |
| Reduction by 5 | 0% for filing by sma | ll entity (| 37 CFR 1.9, | 1.27 & 1.28) | | | |

(1) If entry (1) is less than entry (2), entry (3) is "0".

TOTAL FEES DUE =

CLAIMS AS

- (2) If entry (2) is less than 20, change entry (2) to "20".
- (4) If entry (4) is less than entry (5), entry (6) is "0".
- (5) If entry (5) is less than 3, change entry (5) to "3".

METHOD OF PAYMENT

| Check enclose | ed as payment. |
|---------------|----------------|
|---------------|----------------|

- Charge "TOTAL FEES DUE" to the Deposit Account No. below.
- No payment is enclosed.

GENERAL AUTHORIZATION

If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:

Deposit Account No.

19-3935

Deposit Account Name | STAAS & HALSEY LLP

The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR

1.53(d)) to maintain pendency hereof or of any such related application.

SUBMITTED BY STAAS & HALSEY LLE

| SUBMITTED E | BY: STAAS & HALSEY LLP | | |
|-------------|------------------------|----------|--------------|
| Typed Name | Luminita A. Todor | Reg. No. | 57,639 |
| Signature | L Tools | Date | Nov. 2, 2006 |

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